Submit your letters of support through the portal <https://calegislation.lc.ca.gov/Advocates/>. Please

send a copy to Kelly Takasu at [ktakasu@alzla.org](mailto:ktakasu@alzla.org) or Monica Miller [mmiller@sacadv.com](mailto:mmiller@sacadv.com).

[ORGANIZATION LETTERHEAD]

DATE

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| The Honorable Mia Bonta  Committee on Health  California State Assembly  1020 N Street, Room 390  Sacramento, CA 95814 | The Honorable Phillip Chen, Vice Chair  Committee on Health  California State Assembly  1020 N Street, Room 390  Sacramento, CA 95814 |

**RE: AB 960 (Garcia) Patient Visitation – (Support)**

Dear Assemblymembers Bonta and Chen:

[Organization Name] supports AB 960, which will increase patient visitation rights for people with demonstrated dementia needs.

An estimated 719,000 people in California are living with Alzheimer’s disease and other dementias [[1](https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf)]. They are mainly cared for by an estimated 1.3 million family members and friends, who provide support in all aspects of their lives including social, health, financial, and emotional support[[1](https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf)]. Alzheimer’s disease is a progressive brain disorder that slowly destroys a person’s ability to think, act, reason, and communicate. Stigma and a lack of education about Alzheimer’s and other dementias in the healthcare system can cause additional stress, burden, and frustration when interacting with a person with the disease.

Any time a person is hospitalized, it is serious, but for a person living with dementia, the need to ensure that person receives dementia friendly support is vital to their care. Hospitalization of people with dementia often leads to an increase in behavioral and psychological symptoms in dementia and further cognitive decline [[2](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05618-3#ref-CR1), [3](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05618-3#ref-CR2), [4](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05618-3#ref-CR4)]. They also may be at greater risk of experiencing delirium, pain, thirst, and over-stimulation, mainly due to their impaired ability to communicate [[5](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05618-3#ref-CR5), [6](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05618-3#ref-CR6)].

A family or friend caregiver can play an important role in their delivery of care for a person with dementia. In addition to providing stimulation and emotional support, they may help facilitate communication between the patient and hospital staff, provide vital patient history, and provide discharge care and planning. This is particularly important because many people living with the disease may not receive a formal diagnosis or be aware of their condition. Yet many caregivers face challenges in remaining with the person with dementia throughout the duration of their hospital stay. Separating the caregiver and patient increases stress, confusion, and frustration.

AB 960 would expand patients' rights to ensure that they can have the chosen friends and family accompany them throughout their hospital stay. Caregivers should not have to fight and advocate to stay with a loved one. This bill would create standardization across all hospitals in California, so that all people with demonstrated dementia needs can have the support they need.

We urge your support for AB 960 to help ensure that those living with dementia in California can have the support of friends and family during times of crisis.

Sincerely,

NAME, TITLE

ORGANIZATION

**References**

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3. Sampson EL, White N, Leurent B, Scott S, Lord K, Round J, et al. Behavioural and psychiatric symptoms in people with dementia admitted to the acute hospital: prospective cohort study. Br J Psychiatry. 2014;205(3):189–96.
4. Hermann DM, Muck S, Nehen HG. Supporting dementia patients in hospital environments: health-related risks, needs and dedicated structures for patient care. Eur J Neurol. 2015;22(2):239–45 e17-8.
5. Reynish EL, Hapca SM, De Souza N, Cvoro V, Donnan PT, Guthrie B. Epidemiology and outcomes of people with dementia, delirium, and unspecified cognitive impairment in the general hospital: prospective cohort study of 10,014 admissions. BMC Med. 2017;15(1):140.
6. Bridges J, Wilkinson C. Achieving dignity for older people with dementia in hospital. Nurs Stand. 2011;25(29):42–7 quiz 8.